

# Exhibit F-1

22222	Void <input type="checkbox"/>	a Employee's social security number [REDACTED]	For Official Use Only ► OMB No. 1545-0008				
b Employer identification number (EIN) 90-0914266			1 Wages, tips, other compensation 90633.87	2 Federal income tax withheld [REDACTED]			
c Employer's name, address, and ZIP code PRIORITY WELL TESTING, LLC 681 RIVER HIGHLANDS BLVD. COVINGTON LA 70433			3 Social security wages [REDACTED]	4 Social security tax withheld [REDACTED]			
			5 Medicare wages and tips [REDACTED]	6 Medicare tax withheld [REDACTED]			
			7 Social security tips [REDACTED]	8 Allocated tips [REDACTED]			
d Control number			9	10 Dependent care benefits			
e Employee's first name and initial NATHAN L	Last name ARRAMBIDE	Suff.	11 Nonqualified plans [REDACTED]	C 12a See instructions for box 12 DD [REDACTED]			
f Employee's address and ZIP code [REDACTED]			13 Statutory employee [REDACTED]	Refirement plan X	Third-party sick pay [REDACTED]	C 12b D [REDACTED]	
			14 Other [REDACTED]	C 12c [REDACTED]			
			C 12d [REDACTED]				
15 State [REDACTED]	Employer's state ID number [REDACTED]	16 State wages, tips, etc. [REDACTED]	17 State income tax [REDACTED]	18 Local wages, tips, etc. [REDACTED]	19 Local income tax [REDACTED]	20 Locality name [REDACTED]	

Form **W-2** Wage & Tax Statement

Copy A for Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration;  
otherwise use Form W-2.

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